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 1992-2012  
 YEARS STRONG



DEPARTMENT OF HEALTH & HUMAN SERVICES


## Behavioral Health is Essential To Health



**Prevention Works**

**Treatment is Effective**


**People Recover**




**SAMHSA-HRSA**  
 CENTER for INTEGRATED  
 HEALTH SOLUTIONS

**Keys to Effective Outreach Strategies for  
 Reaching High-Risk Populations Affected by  
 HIV and Substance Use Disorders**

**May 17, 2016**



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## Agenda

### Larry Villegas


- Defining Outreach and In-Reach
- Organizational Capacity
- What Works?
- Successful Follow-Up

### Charles Sellers, New Age Services Corporation

- Organizational Overview
- Program Overview
- Outreach Plan
  - Development
  - Implementation
  - Safety Counts
  - Effectiveness
  - Next Steps/Opportunities

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**Keys to Effective Outreach Strategies for  
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**Larry Villegas-Perez, R.N., M.S.**  
**Professional Training & Coaching Consultant**  
**Washington, D.C.**

**May 17, 2016**

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## OUTREACH AND IN-REACH (STRATEGIES FOR SUCCESS)



**Presented By:**

**Larry Villegas-Perez, MSC**  
Professional Training and Coaching  
Consultant Services

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## WHAT WILL BE PRESENTED?

**Define Outreach  
& In-Reach: Touch & Trust**

**Organizational Capacity  
(In-Reach, Outreach , Strategies)**

**What works...?  
Main Populations  
(What needs to change)**

**Successful  
Follow-up**

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Each year, SAMHSA publishes the most recent annual results from the National Survey on Drug Use and Health (NSDUH). (NSDUH, 2014)

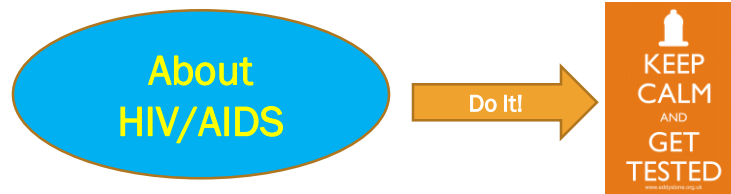
In 2014, 27.0 million people aged 12 or older used an illicit drug in the past 30 days, which corresponds to about 1 in 10 Americans

- ✓ Of the 22.5 million people aged 12 or older who needed treatment for a problem related to using alcohol or illicit drugs, an estimated 4.1 million people received any substance use treatment, in the past year and 2.6 million people received treatment at a specialty facility.
- ✓ Nearly 20 million people needed substance use treatment in 2014 but did not receive specialty treatment; the majority or approximately 20 million people did not report that they needed treatment.
- ✓ Addressing the impact of substance use alone is estimated to cost Americans more than \$600 billion each year.

#### REGARDING MENTAL HEALTH



- ✓ In 2014, about 35.5 million adults 18 or older (14.8 percent of the population 18 or older) received mental health care in the past 12 months.
- ✓ Among the 7.9 million adults in 2014 with co-occurring disorder with any mental illness (AMI) and a substance use disorder (SUD) in the past year, slightly less than half received either mental health care or substance use treatment at a specialty facility in the past year.
- ✓ An estimated 13.7 percent of adolescents in 2014 received mental health services in a specialty mental health setting in the past 12 months, which was higher than the estimates in 2007 to 2012
- ✓ Youths aged 12 to 17 in 2014 who had a past year major depressive episode (MDE) (33%) were more likely than those without a past year MDE (15%) to have used any illicit drugs in the past year
- ✓ The American Psychological Association reported in its Dec. 2014 Journal that Ethnic Minorities are still receiving inferior mental health treatment.



- ✓ About 1.2 million people were living with HIV at the end of 2012. Of those people, about 13%, or 1 in 8, did not know they were infected
- ✓ As reported by the CDC, in 2014, about 44,073 people were diagnosed with HIV
- ✓ Of the 20,768 people whose infection was diagnosed during 2012, 80.8% were linked to HIV medical care  $\leq 3$  months after diagnosis
- ✓ In 2011, 51.5% of 440,746 persons received continuous HIV medical care.
- ✓ In 2011, 206,317 persons with suppressed viral load represented 46.8% of the total number of persons with an HIV diagnosis by year-end 2010 and alive at year-end 2011
- ✓ The only increase in the rate of peri-natally acquired infection for infants born in the United States was among Hispanics/Latinos.

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## Substance Use Among PLWHA

- ✓ Individuals with substance use disorders face additional challenges to reducing sexual and drug risk behaviors, as well as barriers to testing, treatment, and antiretroviral therapy adherence. (Campbell, et al., 2013)
- ✓ Substance use, injection drug use (IDU) and non-IDU, remains a critical factor in the U.S. HIV epidemic and the MSM with a history of IDU still account for a high number of new HIV cases (i.e., 24% of infections, in 2006) (CDC, 2008a)
- ✓ The use of cocaine, methamphetamine, and other stimulants, as well as drug hunger can press people to exchange sex for drugs or money, and to engage in sex with multiple partners (Raj et al., 2007)
- ✓ Prior to adopting a new intervention, it is important to assess patient/client risk behaviors and characteristics, program resources and capacity, and promote an organizational culture and climate supportive of research and implementation of evidence-based practices (Gandelman, DeSantis, & Rietmeijer, 2006)

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How do we facilitate a shift that will give [health providers] addiction treatment providers greater reach and tools to serve the populations that experienced barriers to treatment and those that need it but didn't receive treatment?

(Perle & Neirenborg, 2013)

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## IN-REACH, OUTREACH & TARGETS

**Mental Health**

**Substance Use  
Disorders**

**HIV/AIDS**

**Diverse Populations**



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## { IN-REACH }

To engage and refer existing customers/clients/users and facilitate an environment of respect, inclusion, growth, and cooperation of program staff, volunteers, donors, and participants.



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## OUTREACH



**Outreach** is an activity of providing support and services to populations who might not otherwise have access to those services. A key component of outreach is the mobility of the provider. In other words the provider is meeting customers/clients at their respective locations. In addition to delivering services, outreach has an educational role, to raise the awareness of existing services and provide a safe path for the client to meet more sophisticated needs.

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## IN-REACH/RETENTION (STRATEGIES)

- ✓ Create a welcoming and safe space for services
- ✓ Have messages significant to your populations
- ✓ Obtain client feedback
- ✓ Celebrate diversity
- ✓ Provide transportation, snacks, showers, clothing
- ✓ Develop a consumer/leadership committee that engages, values and solicits program input from participants
- ✓ Promote participant ownership of the program, group and all services

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## IN-REACH/RETENTION (STRATEGIES)

- ✓ Document success stories
- ✓ Provide vouchers for identification cards, background checks, and become a mail holder for your homeless clients
- ✓ Organization staff should be in some way representative of demographics served
- ✓ Offer Peer to Peer and Recovery Coaching services when possible
- ✓ Connect clients and donors



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## IN-REACH: Customer Service

**EMPATHY, PATIENCE AND CONSISTENCY**  
**ADAPTABILITY**  
**CLEAR COMMUNICATION**  
**WORK ETHIC**  
**KNOWLEDGE**  
**THICK SKIN**



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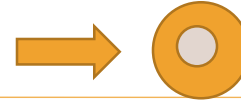
## OUTREACH

**Outreach** is often meant to fill in the gap in the services provided by mainstream organizations.

Dawson et al., (2006) listed the following tools of outreach: leaflets, newsletters, advertising; stalls and displays, and dedicated events, with the common location being local community institutions such as libraries, community centers, markets, street fairs, parks, and so on. Compared to traditional service providers, outreach services are provided closer to individuals residence, are voluntary, and have fewer, if any, enforceable obligations.

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## OUTREACH TARGET



A target audience can fall into the category of age, gender, sexual orientation, mental health status, etc.

Target audiences frequently may include groups such as: the LGBT community, youth ages 18-24, people with co-occurring mental and substance use disorders, and MSM ages 20-30, women and children, among others.

To **outreach** to any given audience effectively, it is essential to become familiar with the target population; their habits, behaviors, likes, and dislikes.

Remember: Targeting is like dating (time, focus, and smart) when people try to get many at the same time, they will end up appealing to none of them...

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## OUTREACH (STRATEGIES)

- ✓ Research the communities and organizations identified for outreach prior to engagement
- ✓ Limit or eliminate the use of acronyms when speaking to communities and/or organizations
- ✓ Highlight words/terms that will capture the attention of the targeted audience in flyers & pamphlets
- ✓ Be present when you are present
- ✓ Make yourself available
- ✓ Always take safety into consideration
- ✓ Be innovative and engaging



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## OUTREACH (STRATEGIES)

- ✓ Be able to answer the “What’s in it for Them” question for the individual community and/or organization
- ✓ Employ active listening skills when doing outreach
- ✓ Become familiar with interviewing techniques and even stages of change
- ✓ Use available technology
- ✓ Be a walking resource
- ✓ Carry snacks when possible

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## USE of TECHNOLOGY



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# 90% OF AMERICAN ADULTS HAVE CELL PHONES



Christian  
Mingle.  
.com



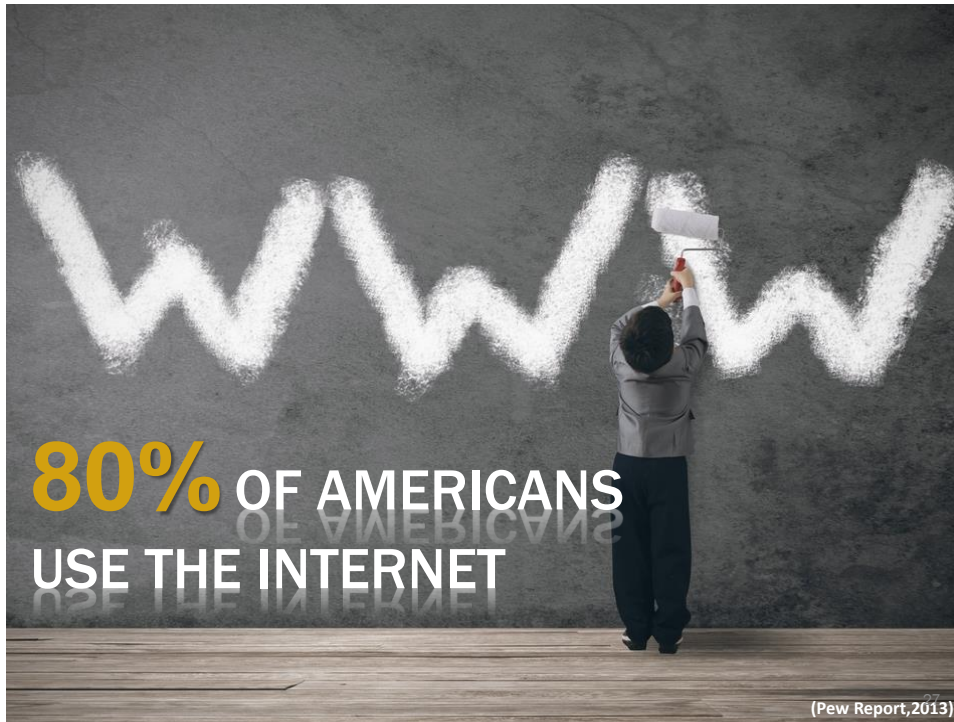
## 53% have smart phones

(Pew Report, 2013)<sup>25</sup>

## OVER HALF HAVE GATHERED HEALTH INFORMATION ON THEIR PHONE



(Pew Report, 2013)



## RECRUITMENT AND RETENTION

It is important to note that effective customer/client In-Reach and Outreach promotes retention because it is more than giving the customer what they expect; it's about exceeding their expectations so that they become loyal advocates for your organization.



## POPULATIONS WE SERVE

**African  
American/Black**

**Latinos**

**American  
Indian/Alaska Native**

**Mental Health**

**Asian American/Pacific  
Islanders**

**Youth**

**Incarcerated/Ex-offender**



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## UNITED IN DIVERSITY

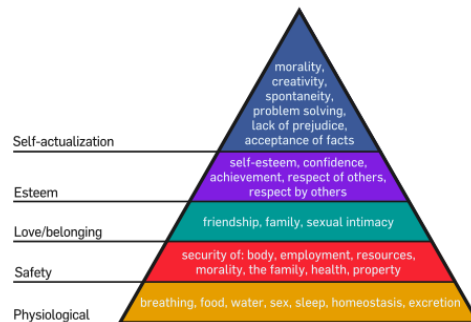
There are a few cultural and social considerations that need to take place to conduct a more effective engagement process.



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## OUTREACH STRATEGIES...EXAMPLES

- ✓ Samples of what to take into consideration...



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## SUBSTANCE USE AMONG...

### Asian American/Pacific Islanders

- The 2003 to 2011 data collected among persons aged 12 or older, Asian Americans or Pacific Islanders were **less likely** than persons of other racial and ethnic groups **to need alcohol or illicit drug use treatment** (4.9 vs. 9.5 percent)

SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2003 to 2005, 2006 to 2010 (revised March 2012), and 2011.  
<http://www.samhsa.gov/data/2k13/NSDUH125/sr125-aapi-tx.htm>

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## SUBSTANCE USE AMONG...

### African Americans/Blacks

- ✓ The 2003 to 2011 data indicates that African Americans/Blacks **were less likely** than persons of other racial and ethnic groups **to need alcohol use treatment in the past year** (6.8 vs. 7.8 percent) but **more likely to need illicit drug use treatment** (4.1 vs. 3.0 percent)
- ✓ Among individuals who **needed but did not receive treatment** in the past year, African Americans/Blacks were **more likely** than persons from other racial and ethnic groups to **feel the need for and make an effort** to get treatment (2.8 vs. 1.4 percent)

Center for Behavioral Health Statistics and Quality. (2012). Results from the 2011 National Survey on Drug Use and Health: Summary of national findings (HHS Publication No. SMA 12-4713, NSDUH Series H-44). Rockville, MD: Substance Abuse and Mental Health Services Administration.

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## SUBSTANCE USE AMONG...

### Hispanics

- ✓ Combined 2004 to 2008 data indicate that, in the past month, 26.3 percent engaged in binge alcohol use, and 6.6 percent used an illicit drug, and that number, was higher than the national average.
- ✓ Combined 2005 through 2008 data indicate that the poverty rate among Hispanics was twice as high as the national average for adults (22.3 vs. 11.5 percent)

<http://www.samhsa.gov/data/2k10/184/HispanicAdults.htm>

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (May 27, 2010). *The NSDUH Report: Substance Use among Hispanic Adults*. Rockville, MD.

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## SUBSTANCE USE AMONG...

### Youth

- **Illicit drug** use among teenagers has continued at **high rates**, largely due to the **popularity of synthetic marijuana**
- Rising marijuana use reflects changing perceptions and attitudes
- In 2012, **6.5 percent of 8th graders, 17.0 percent of 10th graders, and 22.9 percent of 12th graders** used marijuana in the past month prior to the interview

<http://www.drugabuse.gov/publications/drugfacts/high-school-youth-trends>. May 10, 2016.

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## SUBSTANCE USE AMONG...

### American Indian or Alaskan Native Adolescents

- ✓ Compared with the national average, adolescents aged 12 to 17, American Indian or Alaska Native **had higher rates** of past month **cigarette use** (16.8 vs. 10.2 percent), **marijuana use** (13.8 vs. 6.9 percent), and **nonmedical use of prescription-type drugs** (6.1 vs. 3.3 percent)
- ✓ Among adolescents aged 15 to 17, the rate of nonmedical use of prescription-type drugs in the past month among American Indians or Alaska Natives was higher than the national average (8.5 vs. 4.4 percent)

Hawkins, E. H., Cummins, L. H., & Marlatt, G. A. (2004). Preventing substance abuse in American Indian and Alaska Native youth: Promising strategies for healthier communities. *Psychological Bulletin*, 130(2), 304-323. [http://www.samhsa.gov/data/2k11/WEB\\_SR\\_005/WEB\\_SR\\_005.htm](http://www.samhsa.gov/data/2k11/WEB_SR_005/WEB_SR_005.htm)

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## SUBSTANCE USE AND THE LGBTQ COMMUNITY

- ✓ Because bars and clubs were often the only safe places where LGBT individuals could gather, alcohol abuse and drug use have been an ongoing problem
- ✓ Individuals who are transgender have a higher prevalence of victimization, mental health concerns, suicide, HIV and STIs; they are less likely to have health insurance than heterosexual or LGB populations
- ✓ LGBT populations have the highest rates of tobacco, alcohol, and other drug use

Kenagy GP. Transgender health: Findings from two needs assessment studies in Philadelphia. Health Soc Work. 2005;30(1):19-26.  
 National Gay and Lesbian Taskforce. National transgender discrimination survey: Preliminary findings. Washington, DC: National Gay and Lesbian Taskforce; 2009 Nov. Available  
[http://www.thetaskforce.org/downloads/reports/fact\\_sheets/transsurvey\\_prelim\\_findings.pdf](http://www.thetaskforce.org/downloads/reports/fact_sheets/transsurvey_prelim_findings.pdf) [PDF - 1.17 MB]  
 Hughes TL. Chapter 9: Alcohol use and alcohol-related problems among lesbians and gay men. Ann Rev of Nurs.Res. 2005;23:283-325.

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## IN A NUTSHELL

You must first know your target population prior to beginning any in-reach, outreach or utilizing technology

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## SO WHAT DOES ALL THIS MEAN?

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**In-Reach and Outreach,  
It can no longer be: **Either/or****

**It has to be **Both/and****

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## EVERY CHALLENGE...

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**PRESENTS A NEW OPPORTUNITY FOR  
EACH ONE...**

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## FOR SUCCESSFUL STRATEGIES...

**You must think out of the box!**



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## I AM READY, NOW WHAT? EVALUATE!

- ✓ Although you may be implementing a best practice program you still need to evaluate its effectiveness
- ✓ You have trained your staff, and have a recruitment, retention and follow-up plan
- ✓ How do you know that it is working as planned?
- ✓ Who is conducting your evaluation?
- ✓ How are you tracking progress?



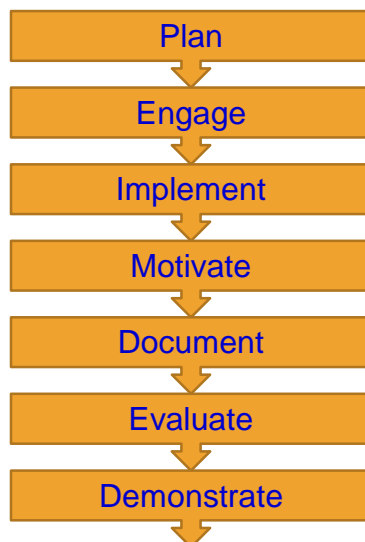
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## BENEFITS OF EVALUATION

- ✓ To compare groups, for example, populations with disproportionately high risk factors for substance use and related health problems
- ✓ To justify the need for further funding of your program, modify it, and to market your program
- ✓ To find new opportunities for treatment improvement
- ✓ To distinguish between effective and ineffective program or services

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## YOU CAN DO IT!



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## RESOURCES


- National Survey on Drug Use and Health (2014) (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://www.samhsa.gov/data>.
- American Psychological Association.(2014). Toward Culturally Centered Integrative Care for Addressing Mental Health Disparities Among Ethnic Minorities. *Psychological Services*. Vol. 11, No. 4, 357–368.
- Centers for Disease Control and Prevention. Basic Statistics (2014) [www.cdc.gov/hiv/basics/statistics.html](http://www.cdc.gov/hiv/basics/statistics.html). April 25, 2016.
- Campbell, A. N. C., Tross, S., & Calsyn, D. A. (2013). Substance Use Disorders and HIV/AIDS Prevention and Treatment
- CDC. HIV prevalence estimates – United States. (2006). *MMWR*. 2008a; 57(39): 1073–1076. [PubMed: 18830210]
- Raj A, Saitz R, Cheng DM, Winter M, Samet JH. (2007) Associations between alcohol, heroin and cocaine use and high risk sexual behaviors among detoxification patients. *American Journal of Drug and Alcohol Abuse.*; 33:169–178. [PubMed: 17366258]

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## RESOURCES

- Gandelman AA, DeSantis LM, Rietmeijer CA. (2006) Assessing community needs and agency capacity—An integral part of implementing effective evidence-based interventions. *AIDS Education and Prevention*. 18(4 SA):32–43. [PubMed: 16987087]
- Perle, J.G., & Barry Nierenberg (2013). How psychological telehealth can alleviate society's mental health burden: A literature review. *Journal of Technology in Human Service*, 31(1), 22-41.
- Dawson S, Davis S, Casebourne J. (2006) "Maximizing the Role of Outreach in Client Engagement", Research Report DWPRR 326, Department for Work and Pensions.
- <http://www.pewinternet.org/fact-sheets/mobile-technology-fact-sheet/2013>. April 30, 2016
- Kenagy GP. Transgender health: Findings from two needs assessment studies in Philadelphia. *Health Social Work*. 2005;30(1):19-26.
- National Gay and Lesbian Taskforce. (2009) National transgender discrimination survey: Preliminary findings. Washington, DC: National Gay and Lesbian Taskforce.

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*Charles Sellers, M.S.Ed., M.B.A.*  
*Chief Operating Officer*  
*New Age Services Corporation*  
*Chicago, IL*

**May 17, 2016**

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## **NEW AGE SERVICES CORPORATION**

### **Health Integration Program (HIP)**

### **Outreach to HIV and SUD Patients**

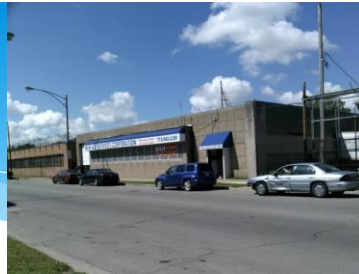
**Charles Sellers, COO**  
**HIP Project Director**

## OUR MISSION

**New Age Services Corporation is committed to empowering adults and families in the community by providing a comprehensive behavioral health continuum of care through integrated services.**

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## OUR HISTORY



- **Established in May of 1984**
- **Outpatient Methadone Treatment (OMT) provider from day one**
- **HIV Counseling, Testing and Education: 1989**
- **Domestic Violence Support Services: 1995**
- **Hepatitis A&B Vaccinations: 2010**
- **Mental Health Screening and assessment: 2011**
- **Hepatitis C Testing: 2014**
- **Diabetes screening and intervention: 2016**

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## THE COMMUNITIES WE SERVE

### Chicago's West Side

- **NORTH/SOUTH LAWNGDALE**
- **AUSTIN**
- **EAST/WEST GARFIELD PARK**
- **HUMBOLDT PARK**
- **NEAR WEST SIDE**

### Other Areas

- **60+ CHICAGO COMMUNITIES**
- **NEAR WEST SUBURBAN COOK COUNTY**



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## Demographics

- \* Over 750 patients annually
- \* 50/50 split Male/Female
- \* Average age: 47
- \* Medicaid eligibility: 70% enrolled
- \* 63% African American, 17% Latino/a, 13% Caucasian
  - \* Latino/a population is growing, is a younger group
  - \* Bilingual/bicultural services are provided

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## Health Integration Project

- \* Co-Located Services
  - \* New services, no prior history of medical services on site
- \* Outpatient Treatment including OMT
  - \* 173 patients served to date
- \* HIV Medical Services
- \* HIV/HEP testing and education
- \* Prevention Services

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## Health Integration Project

- \* Partnership with several providers
  - \* NASC: Substance Abuse Treatment, HIV/HEP services, mental health services
  - \* University of Illinois, Chicago (UIC) Community Outreach Interventions Project (COIP): HIV/HEP services, outreach, prevention
  - \* UIC HIV Community Clinic Network (HCCN): HIV Medical Care
  - \* Sherman Consulting Group: Evaluation

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## Outreach Plan-Development

- \* Outreach was a key component in development of the program plan
  - \* HIP was designed to serve new populations
- \* NASC was interested in a strong outreach partner agency
- \* COIP and NASC had worked together successfully on a prior SAMHSA funded project
- \* Services developed in the prior project could be efficiently adopted to the HIP program

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## Outreach Plan-Implementation

### **Community Outreach Intervention Project**

- \* Providing HIV/SUD outreach services since 1986
  - \* Program of the University of Illinois at Chicago
  - \* Provides community outreach in known drug using areas using ethnographic data
- \* **Indigenous Leader Outreach Model**

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## Outreach Plan-Implementation

### **Indigenous Leader Outreach Model (ILOM) approach**

- \* The ILOM enlists services of staff members who are...
  - \* themselves members of the targeted populations and communities;
  - \* carry values, attitudes and beliefs of populations;
  - \* possess knowledge of the practices and behaviors of at-risk populations(e.g. IDU, MSM, sex workers);
  - \* more likely to discern/receive truthful information; and,
  - \* able to garner cooperation from targeted community members and gatekeepers.

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## Outreach Plan-Safety Counts

Safety Counts: HIV education DEBI targeting substance users

- \* Three COIP offices and NASC offices
- \* Group and individual contacts
- \* Education and
- \* 20 cohorts annually, averaging 12 patients each

### **ALL OUTREACH SERVICES**

**Potential to reach over 500 patients annually**

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## Outreach-Effectiveness

- \* What is Working
  - \* High percentage of referrals for OMT; program remains at capacity
  - \* Potential program participants are being contacted
  - \* Effective method to disseminate program information
- \* What isn't working
  - \* Low number of HIV positive and non OMT referrals engaged
  - \* Misunderstood Brand Awareness
    - \* The “sell” doesn't match community understanding of the product

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## Outreach-Next Steps/Opportunity

- \* Increased focus on lost to care patients
- \* Increased use of patient to patient outreach
  - \* Engagement specialists
- \* Rebranding
- \* Diversification of clinic services

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# Questions?



## Contact Information

Larry Villegas  
 Latinos en Accion  
[motivatevip@gmail.com](mailto:motivatevip@gmail.com)  
 202-421-4652  
 Twitter: @motivatevip

Charles Sellers  
 New Age Services Corporation  
[csellers@newageservices.org](mailto:csellers@newageservices.org)  
 773-542-1150



**Additional Questions?**  
 Contact the SAMHSA-HRSA Center for Integrated Health Solutions  
[integration@thenationalcouncil.org](mailto:integration@thenationalcouncil.org)

## UPCOMING WEBINAR

Tuesday, June 21

- Motivational Interviewing

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feedback by completing the survey at the  
end of today's webinar.



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